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16805 U.S. PTO

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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br>(Only for new nonprovisional applications under 37 CFR 1.53(b)) | <b>Attorney Docket No.</b>    | 02598/0200138-USO                                    |
|  | <b>First Inventor</b>         | Sung T. Jung   |
|  | <b>Title</b>                  | SLIDE TYPE CELLULAR PHONE AND SLIDING METHOD THEREOF |
|  | <b>Express Mail Label No.</b> |  |

|   |   |
|---|---|
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents. | <b>ADDRESS TO:</b><br>MS Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
|---|---|

|   |   |
|---|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original, and a duplicate for fee processing)   | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)                                |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.   | 8. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)   |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 82]<br>(preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table,<br/>or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> | a. <input type="checkbox"/> Computer Readable Form (CRF)  |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 22]   | b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper |
| 5. Oath or Declaration [Total Sheets 2]<br>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 18 completed)<br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s)<br>named in the prior application,<br>see 37 CFR 1.63(d)(2) and 1.33(b).   | c. <input type="checkbox"/> Statements verifying identity of above copies   |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76  |   |

**ACCOMPANYING APPLICATION PARTS**

- |  |  |
|--|--|
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))   |  |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement<br>(when there is an assignee)   | <input type="checkbox"/> Power of Attorney       |
| 11. <input type="checkbox"/> English Translation Document (if applicable)  |  |
| 12. <input type="checkbox"/> Information Disclosure<br>Statement (IDS)/PTO-1449  | <input type="checkbox"/> Copies of IDS Citations |
| 13. <input type="checkbox"/> Preliminary Amendment   |  |
| 14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)   |  |
| 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)                               |  |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br>Applicant must attach form PTO/SB/35 or its equivalent. |  |
| 17. <input type="checkbox"/> Other:  |  |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

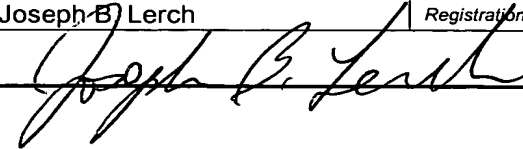
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

|  |                                       |                 |   |
|--|---------------------------------------|-----------------|---|
| <input checked="" type="checkbox"/> Customer Number: | 07278                                 | OR              | <input type="checkbox"/> Correspondence address below |
| <b>Name</b>  | DARBY & DARBY P.C.<br>Joseph B. Lerch |                 |   |
| <b>Address</b>                                       | P.O. Box 5257                         |                 |   |
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| <b>Country</b>                                       | US                                    | <b>Zip Code</b> | 10150-5257  |
|  | <b>Telephone</b>                      | (212) 527-7700  | <b>Fax</b> (212) 753-6237                             |

|                          |   |  |                  |
|--------------------------|---|--|------------------|
| <b>Name (Print/Type)</b> | Joseph B. Lerch   | <b>Registration No. (Attorney/Agent)</b> | 26,936           |
| <b>Signature</b>         |  | <b>Date</b>                              | October 20, 2003 |

| <b>FEE TRANSMITTAL<br/>for FY 2004</b>   |  |               |  | <b>Complete if Known</b> |                       |
|--|--|---------------|--|--------------------------|-----------------------|
| <i>Effective 10/01/2003, Patent fees are subject to annual revision.</i>       |  |               |  | Application Number       | Not Yet Assigned      |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  |               |  | Filing Date              | Concurrently Herewith |
|  |  |               |  | First Named Inventor     | Sung T. Jung          |
|  |  |               |  | Examiner Name            | Not Yet Assigned      |
|  |  |               |  | Art Unit                 | N/A                   |
| <b>TOTAL AMOUNT OF PAYMENT</b>   |  | (\$) 2,282.00 |  | Attorney Docket No.      | 02598/0200138-US0     |

| METHOD OF PAYMENT (check all that apply)  |          |              |                | FEE CALCULATION (continued)  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
|---|----------|--------------|----------------|--|----------|--------------|----------------|-----------------|--------------|--------------|------------|-----------------|----------|--------------------|----------|-----------|----------|--------------------|--------------------|------|-----|-------------------------------------|-----|-------------------|----|--------------|-----|--|----------|------------------|----------|----------|----------|---------------------------|-----|--------------------|-------|------------------------|-------|--|----|------------------------|------|-----------------------------------|------|--|-----|-------------|--------|---------------------------------------|--------|---|----|------|-----|--|----|--|----|------|-----|--|-----|---|--|------|-----|---------------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|-------|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------|--|--|--|-------------------|--|-----------------------------------|--|--|--|-------|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input type="checkbox"/> Deposit Account:   |          |              |                | <b>3. ADDITIONAL FEES</b>  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| Deposit Account Number: 04-0100<br>Deposit Account Name: Darby & Darby P.C.<br>The Director is authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |          |              |                | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge – late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge – late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive – unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr> <td colspan="4" style="padding: 5px;">Other fee (specify)</td> <td colspan="2" style="padding: 5px;">SUBTOTAL (3) (\$)</td> </tr> <tr> <td colspan="4" style="padding: 5px;">*Reduced by Basic Filing Fee Paid</td> <td colspan="2" style="padding: 5px;">40.00</td> </tr> </tbody> </table> |          |              |                | Large Entity    |              | Small Entity |            | Fee Description | Fee Paid | Fee Code           | Fee (\$) | Fee Code  | Fee (\$) | 1051               | 130                | 2051 | 65  | Surcharge – late filing fee or oath |     | 1052              | 50 | 2052         | 25  | Surcharge – late provisional filing fee or cover sheet |          | 1053             | 130      | 1053     | 130      | Non-English specification |     | 1812               | 2,520 | 1812                   | 2,520 | For filing a request for <i>ex parte</i> reexamination |    | 1804                   | 920* | 1804                              | 920* | Requesting publication of SIR prior to Examiner action |     | 1805        | 1,840* | 1805                                  | 1,840* | Requesting publication of SIR after Examiner action |    | 1251 | 110 | 2251   | 55 | Extension for reply within first month |    | 1252 | 420 | 2252   | 210 | Extension for reply within second month |  | 1253 | 950 | 2253          | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive – unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  | SUBTOTAL (3) (\$) |  | *Reduced by Basic Filing Fee Paid |  |  |  | 40.00 |  |
| Large Entity  |          | Small Entity |                | Fee Description  | Fee Paid |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$)       |  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1051  | 130      | 2051         | 65             | Surcharge – late filing fee or oath  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1052  | 50       | 2052         | 25             | Surcharge – late provisional filing fee or cover sheet   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1053  | 130      | 1053         | 130            | Non-English specification  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1812  | 2,520    | 1812         | 2,520          | For filing a request for <i>ex parte</i> reexamination   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1804  | 920*     | 1804         | 920*           | Requesting publication of SIR prior to Examiner action   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1805  | 1,840*   | 1805         | 1,840*         | Requesting publication of SIR after Examiner action  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1251  | 110      | 2251         | 55             | Extension for reply within first month   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1252  | 420      | 2252         | 210            | Extension for reply within second month  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1253  | 950      | 2253         | 475            | Extension for reply within third month   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1254  | 1,480    | 2254         | 740            | Extension for reply within fourth month  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1255  | 2,010    | 2255         | 1,005          | Extension for reply within fifth month   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1401  | 330      | 2401         | 165            | Notice of Appeal   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1402  | 330      | 2402         | 165            | Filing a brief in support of an appeal   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1403  | 290      | 2403         | 145            | Request for oral hearing   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1451  | 1,510    | 1451         | 1,510          | Petition to institute a public use proceeding  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1452  | 110      | 2452         | 55             | Petition to revive – unavoidable   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1453  | 1,330    | 2453         | 665            | Petition to revive - unintentional   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1501  | 1,330    | 2501         | 665            | Utility issue fee (or reissue)   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1502  | 480      | 2502         | 240            | Design issue fee   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1503  | 640      | 2503         | 320            | Plant issue fee  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1460  | 130      | 1460         | 130            | Petitions to the Commissioner  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1807  | 50       | 1807         | 50             | Processing fee under 37 CFR 1.17(q)  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1806  | 180      | 1806         | 180            | Submission of Information Disclosure Stmt  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 8021  | 40       | 8021         | 40             | Recording each patent assignment per property (times number of properties)   | 40.00    |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1809  | 770      | 2809         | 385            | Filing a submission after final rejection (37 CFR 1.129(a))  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1810  | 770      | 2810         | 385            | For each additional invention to be examined (37CFR 1.129(b))  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1801  | 770      | 2801         | 385            | Request for Continued Examination (RCE)  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1802  | 900      | 1802         | 900            | Request for expedited examination of a design application  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| Other fee (specify)   |          |              |                | SUBTOTAL (3) (\$)  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| *Reduced by Basic Filing Fee Paid   |          |              |                | 40.00  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770.00</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td colspan="2">(\$) 770.00</td> </tr> </tbody> </table>   |          |              |                | Large Entity   |          | Small Entity |                | Fee Description | Fee Paid     | Fee Code     | Fee (\$)   | Fee Code        | Fee (\$) | 1001               | 770      | 2001      | 385      | Utility filing fee | 770.00             | 1002 | 340 | 2002                                | 170 | Design filing fee |    | 1003         | 530 | 2003   | 265      | Plant filing fee |          | 1004     | 770      | 2004                      | 385 | Reissue filing fee |       | 1005                   | 160   | 2005   | 80 | Provisional filing fee |      | SUBTOTAL (1)                      |      |  |     | (\$) 770.00 |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| Large Entity  |          | Small Entity |                | Fee Description  | Fee Paid |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$)       |  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1001  | 770      | 2001         | 385            | Utility filing fee   | 770.00   |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1002  | 340      | 2002         | 170            | Design filing fee  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1003  | 530      | 2003         | 265            | Plant filing fee   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1004  | 770      | 2004         | 385            | Reissue filing fee   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1005  | 160      | 2005         | 80             | Provisional filing fee   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| SUBTOTAL (1)  |          |              |                | (\$) 770.00  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>54</td> <td>-20** = 34</td> <td>x 18.00</td> <td>= 612.00</td> </tr> <tr> <td>Independent Claims</td> <td>13</td> <td>-3** = 10</td> <td>x 86.00</td> <td>= 860.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td colspan="2">(\$) 1,472.00</td> </tr> </tbody> </table> |          |              |                |  |          | Extra Claims | Fee from below | Fee Paid        | Total Claims | 54           | -20** = 34 | x 18.00         | = 612.00 | Independent Claims | 13       | -3** = 10 | x 86.00  | = 860.00           | Multiple Dependent |      |     |                                     |     | Large Entity      |    | Small Entity |     | Fee Description  | Fee Paid | Fee Code         | Fee (\$) | Fee Code | Fee (\$) | 1202                      | 18  | 2202               | 9     | Claims in excess of 20 |       | 1201   | 86 | 2201                   | 43   | Independent claims in excess of 3 |      | 1203   | 290 | 2203        | 145    | Multiple dependent claim, if not paid |        | 1204  | 86 | 2204 | 43  | ** Reissue independent claims over original patent |    | 1205                                   | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     | SUBTOTAL (2)                            |  |      |     | (\$) 1,472.00 |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
|   |          | Extra Claims | Fee from below | Fee Paid   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| Total Claims  | 54       | -20** = 34   | x 18.00        | = 612.00   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| Independent Claims  | 13       | -3** = 10    | x 86.00        | = 860.00   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| Multiple Dependent  |          |              |                |  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| Large Entity  |          | Small Entity |                | Fee Description  | Fee Paid |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$)       |  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1202  | 18       | 2202         | 9              | Claims in excess of 20   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1201  | 86       | 2201         | 43             | Independent claims in excess of 3  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1203  | 290      | 2203         | 145            | Multiple dependent claim, if not paid  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1204  | 86       | 2204         | 43             | ** Reissue independent claims over original patent   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| 1205  | 18       | 2205         | 9              | ** Reissue claims in excess of 20 and over original patent   |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| SUBTOTAL (2)  |          |              |                | (\$) 1,472.00  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |
| **or number previously paid, if greater; For Reissues, see above  |          |              |                |  |          |              |                |                 |              |              |            |                 |          |                    |          |           |          |                    |                    |      |     |                                     |     |                   |    |              |     |  |          |                  |          |          |          |                           |     |                    |       |                        |       |  |    |                        |      |                                   |      |  |     |             |        |                                       |        |   |    |      |     |  |    |  |    |      |     |  |     |   |  |      |     |               |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |                   |  |                                   |  |  |  |       |  |


  


| SUBMITTED BY      |                 | (Complete (if applicable))        |                  |
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 Application Data Sheet (3pp);  
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 Abstract;  
 22 Sheets of Drawings (Figs. 1-5, 6A-6B, 7-24);  
 Declaration/Power of Attorney (2pp);  
 Claim of Priority (2pp);  
 Priority Documents Nos. 2003-20627, 20628 & 20629 (3);  
 Assignment Cover Sheet (1595);  
 Assignment ;  
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